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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: UG441966

Total Fee Calculation

	Fee Cade	Total # Claims	Number . Extra	X	Fee	Fee	3	Total
	Sm./Lg.				Sm. Entity	Lg. Entiry		
Basic Filing Fee	201/101						3	760.00
Total Claims >20	203/101	27 -20 -	7	x	1		*	126.00
Independent Claims >3	202/102			x			3	-
Mult. Dep Claim Present	204/104	•					3	2604
Surcharge	205/105	•					· /	13010
English Translation	139			,				
TOTAL FEE CALCULA					·	·	,	1 <u>:1460</u> 0
Total Filing Fees Due		1,276.0	Ø	_				
Less Filing Fees Subm	υίπed - \$			_				
BALANCE DUE Office of Initial Patent	= S	1,276-a	9					

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I							SMALL	ENTITY		OTHER	THAN		
(Column 1) (Column 2)							TYPE		OR	SMALL			
FOR		١	NUMBE	R FILED		NUMBER	EXTRA		RATE	. FEE		RATE	FEE
BA	SIC FEE									380.00	OR		760.00
TOTAL CLAIMS		27	7 minus	20=	* 1			X\$ 9=		OR	X\$18=	12/20	
INDEPENDENT CLAIMS / minus 3 = *						X39=		OR	X78=				
MULTIPLE DEPENDENT CLAIM PRESENT							+130=	,	OR	+260=	260.00		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1460	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER TH SMALL ENTITY OR SMALL ENT					
AMENDMENT A		CLAI REMAI AFT AMEND	NING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	V (Minus	**	A	=		√X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	* 9	<i>ν</i>	Minute	***			4	X39¥		OR	X78=	
	FINST PRESE	NIATION	OF MIC	LIPLE DE	PENL	ENT CLAIM			+130=	J	OR	+260=	
								L	TOTAL		OR	TOTAL	
٠,	•	(Colur	nn 1)		ıc	Column 2)	(Column 3)	Α.	DDIT. FEE			addit. Feel	
ENT B		CLAI REMAI AFT AMEND	MS NING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE
NON	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent FIRST PRESE	*	OFM	Minus	***		=		X39=		OR	X78=	
	FINST FRESE	·	OF MIC	CHPLE DE	PENL	ENT CLAIM			+130=		OR	+260=	
								A	TOTAL DDIT. FEE	-	OR	TOTAL ADDIT, FEE	
	•	(Colun	nn 1)		(C	olumn 2)	(Column 3)						
ENT C		CLAI REMAI AFTI AMEND	NING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***	•	=	-	X39=			X78=	
/	FIRST PRESE	NTATION	OF ML	ILTIPLE DE	PEND	ENT CLAIM		┞			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+130=		OR	+260=	, (
**	If the entry in colu If the "Highest Nu If the "Highest Nu Th "Highest Nun	mber Previ Imber Prev	iously Pa iously Pa	id For" IN Th id For" IN Th	IIS SPA	ACE is less that ACE is less that	in 20, enter "20." in 3, enter "3."	~	TOTAL DDIT. FEE Id in the app	propriat bo		TOTAL ADDIT. FEE umn 1.	